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<b>APPLICANTS</b> DOUGLAS T. ROSS, NORTH WALES, PA; GREGORY S. HAMILTON, CATONSVILLE, MD; JOSEPH P. STEINER, FINKSBURG, MD;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/01/1998				
Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 9	TOTAL CLAIMS 20
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>[Signature]</i>	Examiner's Signature <i>[Signature]</i> Initials <i>PL</i>			
<b>ADDRESS</b> 29728				
<b>TITLE</b> <i>HETEROCYCLIC ESTERS OR AMIDES FOR VISION AND MEMORY DISORDERS</i> <del>HETEROCYCLIC ESTERS OR AMIDES FOR VISION AND MEMORY DISORDERS</del>				
FILING FEE RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		